

# Mental health and housing



## A strategic plan for integrating housing and mental health across Sussex

July 2020

Partnership  
Patient-centred  
Transformation  
Sussex  
Health  
Integration Sustainability Social care

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# 1. Introduction

- 1.1 The Sussex Health and Care Partnership is a multi-agency partnership that serves a large and varied population of 1.7 million people. It is responsible for £4bn of health and care spending. As a new Integrated Care System, we have ambitious plans to transform the way health and care is delivered across Sussex.
- 1.2 In October 2019 we outlined how we would deliver the NHS Long Term Plan<sup>1</sup> and deliver on our local health and wellbeing priorities across East Sussex<sup>2</sup>, West Sussex<sup>3</sup> and Brighton & Hove<sup>4</sup>. Our plans demonstrate that we are committed to delivering a holistic approach to supporting our population's health and wellbeing of mind and body in an integrated way. We know that this will require new ways of working to determine the models of care that best suit our population. We will need to consider the wider determinants of people's health and care needs and develop an increasing role for the wider community and voluntary sector in addressing those needs.
- 1.3 Our mental health priorities are fully aligned with the need for greater integration and building on the combined strengths and talents of our partnership. We are committed to improving the mental health and wellbeing outcomes of the people who live in Sussex by creating high quality, innovative and integrated care, treatment and support pathways for people with mental health problems.
- 1.4 The homes that we live in are a key determinant of positive physical and mental wellbeing. In the past few months our partnership and our communities have been dealing with the Covid-19 Coronavirus Pandemic. We have all spent much more time in our homes than ever imagined, and our home environment has become even more critical in keeping us safe and well. It is therefore appropriate that as we move forward, housing is recognised as an even more critical factor that enables us to live well. In driving forward our future plans and transformation priorities, we have identified the need for a more integrated and strategic approach with housing.
- 1.5 To enable us to move forward with housing, health and social care integration, we have developed our first mental health and housing strategy. It is ambitious in its scope and will become part of the road map we create for future mental health services. It is focused predominantly on adults with Severe Mental Illness (SMI) who need support, excluding dementia. Across Sussex there are around 21,000 people aged 18-64 who are in contact with mental health services, with 14,000 on the SMI Register.

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1 Sussex Health and Care Partnership Strategic Delivery Plan - <https://www.seshealthandcare.org.uk/wp-content/uploads/2019/10/191028-DRAFT-Sussex-Strategy-Delivery-plan-v17.pdf>

2 East Sussex Health and Social Care Plan - <https://www.seshealthandcare.org.uk/wp-content/uploads/2019/10/191028-DRAFT-Appendix-East-Sussex-place-plan-v5.pdf>

3 Working together for better health and social care - <https://www.seshealthandcare.org.uk/wp-content/uploads/2019/10/191028-DRAFT-Appendix-West-Sussex-Place-Plan-v10.pdf>

4 Delivering the NHS response as part of our Joint Health and Wellbeing Vision for our Population - <https://www.seshealthandcare.org.uk/wp-content/uploads/2019/10/191028-DRAFT-Appendix-Brighton-and-Hove-place-plan-v5.2.pdf>

## 2. Our shared purpose

- 2.1 Across our partnership we all share a common vision for the health and wellbeing of our communities. We want all parts of Sussex to be a place where people can start well, live well and age well. For this to be achieved, everyone needs access to good quality homes that provide a secure place to thrive and promote good health, wellbeing and independent living.
- 2.2 We work across a wide geography with many different communities and a diverse population, therefore it is essential that we have a clear shared purpose to improving both mental health and housing outcomes. We understand that this dual focus is important for people living with mental health problems if they are to live and age well.
- 2.3 We want to create future health and care services that build on our existing progress to enhance prevention, personalisation and reduce health inequalities. We will do this through co-ordinated action across our services that impact on the wider determinants of health, such as housing.
- 2.4 We recognise that people live in many different home environments. Housing is a term that is widely drawn and can be both every day housing where most of us live (we often refer to this as general needs housing), through to specialist housing with additional care and support (we often refer to this as supported housing or supported living). Our approach to housing will be comprehensive and include all types of housing across all tenures.
- 2.5 We know that people may experience different types of housing at different times. For some they may find themselves experiencing homelessness or living in insecure and poor-quality housing. What is critical is that both the home environment and the care and support that is available, promotes the greatest levels of independence and recovery possible for the individual, their carers and families.
- 2.6 Our shared ambition for the SHCP is to ensure that housing is a cornerstone for delivering positive mental health outcomes for adults across Sussex. As partners across the NHS, social care, housing and community sectors we are committed to working together to take a more strategic and integrated approach to housing and mental health. We recognise that addressing housing issues for specialist mental health service users can be a key enabler in their recovery. We want to deliver our mental health care, treatment and support in the least restrictive environment as possible and recognise that the home environment has a key role to play in providing recovery and reablement support for many people.

- 2.7 We believe that delivering the best mental and physical health outcomes that our population wants, is best done at place. For us that means working with partners in Brighton & Hove, East Sussex and West Sussex. Whilst we may organise and plan our specialist mental health services across our whole Integrated Care System (ICS), the relationships and integration we deliver through our Integrated Care Partnerships (ICP) is key.
- 2.8 We are committed to working together across our ICS to build the best evidence-based practice available to us, to learn creatively and constructively, and to reduce unwarranted variation. Everyone, no matter where they live, should expect the same access to mental health care and treatment, and integrated housing support.
- 2.9 We will work together as an ICS and as ICPs through the Mental Health Collaborative Board to transform our approach, our relationships and our services. We will do this with collaboration and co-production at its core. This builds on our mission for mental health, to work together as an Integrated Care System, bringing together patient, statutory, third sector and local authority expertise, to design, develop, commission and oversee high quality, innovative and integrated care and treatment pathways for people with mental health problems.

## 3. The importance of housing for mental health

- 3.1 It is widely accepted that good quality housing and positive mental health are inextricably linked. Safe, secure and affordable housing is critical in enabling people to live well, work and take part in community life.<sup>5</sup> Having settled housing is known to have a positive impact on our mental health<sup>6</sup>. A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support.
- 3.2 The impact on mental health of poor quality housing is well evidenced<sup>7</sup>. Poverty, worklessness, crime and poor housing are all associated with poorer physical and mental health outcomes. Mental ill-health is frequently cited as a reason for tenancy breakdown<sup>8</sup> and housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient care<sup>9</sup>. There are many reported difficulties across the country for delayed discharge from hospital, and a lack of suitable housing seems to be a fundamental driver<sup>10</sup>.
- 3.3 Lack of housing can impede access to treatment, recovery and militate against social inclusion. Delayed discharge because of difficulties with housing is both common and persistent. Housing and housing-related support has become recognised as a central part of an effective recovery pathway, as well as a key element in preventing ill health and reducing the need for inpatient care. It provides the basis for individuals to recover, receive support and help in the least restrictive environment possible. In many cases settled housing facilitates a return to work or education.
- 3.4 However, accessing housing, and being able to move through a pathway of care still requires service users to negotiate a range of obstacles. In England, housing is an expertise base rarely found within NHS multi-disciplinary teams, and without it, specialist mental health services and teams struggle to help service users navigate and negotiate complex systems of organisations, entitlements and law. As a result, housing circumstances continue to have a detrimental impact on mental and physical health, driving increased costs into an already stretched health and social care system.
- 3.5 Historically within specialist mental health, the trend has been for NHS commissioners to see housing as outside the traditional care pathway and something both provided and commissioned by others<sup>11</sup>. What remains central to effective mental health commissioning, is that it must be a shared activity which is driven by an integrated

5 Closing the Gap: Priorities for essential change in mental health [www.gov.uk](http://www.gov.uk)

6 HM Government, State of the nation re: poverty, worklessness and welfare dependency in the UK.

7 Johnson R, Griffiths C and Nottingham T. At home? Mental Health issues arising in social housing.

8 Social Exclusion Unit, Mental Health and Social Exclusion, [www.nfao.org](http://www.nfao.org)

9 Johnson R, Griffiths C, Nottingham T. At Home? Mental Health Issues Arising in Social Housing.

10 Royal College of Psychiatrists, Improving acute inpatient psychiatric care for adults in England, Interim report of the Commission to Review the Provision of Inpatient Psychiatric Care for Adults, [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

11 Old Problems, new solutions: Improving acute Psychiatric care for adults in England – The Commission to review the provision of acute psychiatric care for adults, [http://media.wix.com/ugd/0e662e\\_6f7ebefbf5e45dbbefacd0f0dcfb71.pdf](http://media.wix.com/ugd/0e662e_6f7ebefbf5e45dbbefacd0f0dcfb71.pdf)

approach involving all partners<sup>12</sup>. Across Sussex, we have already put in place integrated commissioning for supported housing placements, although there is further work for us to do to integrate broader housing services and systems. The report from the Mental Health Taskforce identified the real opportunity to drive a more integrated and preventative approach, that would address fragmentation and deliver improved step-down, particularly from secure in-patient care into residential rehabilitation, supported housing and forensic and assertive outreach teams.<sup>13</sup>

- 3.6 Work has been undertaken to model the benefits of housing within the Acute Care Pathway. Economic analysis at a national level from the London School of Economics, published by HACT, demonstrates the efficiency savings that can be made by reducing the length of inpatient stays, reducing delayed discharge, reducing the need for readmission and bringing people back into area<sup>14</sup>.
- 3.7 SHCP operates across parts of the South East that are in the most pressurised, and expensive, parts of the UK housing market. This makes finding and securing suitable and affordable housing more difficult. Working alongside local authority housing departments and local housing providers is therefore more critical.
- 3.8 Working with housing partners and developing new strategic relationships could open up a new path for the SHCP and Sussex Partnership NHS Foundation Trust (SPFT), one which recognises the importance of good housing for recovery, reduces the needs for costlier in-patient beds, provides improved pathways for rehabilitation, provides timely access to mental health support to prevent and relieve homelessness, and delivers better outcomes for service users in a community setting.

## 4. National context

- 4.1 The cost of poor mental health to the economy is estimated to be around £100 billion annually and with physical and mental health closely linked, people with severe and prolonged mental illness die on average 15 to 20 years earlier than the general population.
- 4.2 The NHS Five Year Forward View for Mental Health (2016)<sup>15</sup>, recognised that no one-size fits all and set out the challenge for leading NHS trusts to respond to the needs of the community by working together to deliver a better NHS for patients. The NHS Long Term Plan (January 2019)<sup>16</sup> reaffirms that mental health funding – provided through a ring-fenced investment fund – will outstrip total NHS spending growth in each year between 2019/20 and 2023/24 so that by the end of the period, mental health investment will be at least £2.3 billion higher in real terms.
- 4.3 One of the central LTP commitments is that *“people with moderate to severe mental illnesses will access better quality care across primary and community teams, have greater choice and control over the care they receive, and be supported to lead fulfilling lives in their communities”*. This will be achieved through new integrated community models for at least 370,000 adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a ‘personality disorder’ diagnosis).
- 4.4 The LTP commits to grow investment in mental health services faster than the overall NHS budget. Financial transparency will help ensure sufficient investment is made to support access to high quality mental health services. This will be supported via two routes:
- System plans must now set out how they will meet the Mental Health Investment Standard and use the investment in CCG baselines to deliver the commitments in the Five Year Forward View for Mental Health and the Long Term Plan.
  - In addition to CCG baseline investment, systems will be asked to plan for the use of the transformation funding to deliver these commitments.
- 4.5 Funding is being made available for the commitment to improve community mental health services, which includes rehabilitation. We therefore want to ensure that our transformation plans include housing support, expertise and services as a core part of our future offer. We also want to ensure that our mental health expertise is better integrated and more available to our housing colleagues.

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15 NHS Five Year Forward View for Mental Health - <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

16 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>



## 5. Our context in Sussex

### Mental health

- 5.1 Sussex is a large geography and is home to over 1.7 million people. Our health profile is largely in line with the rest of the country. However there are significant variations across our footprint in terms of socioeconomic status, health outcomes, environment and economic prosperity, which are often masked by averages. While Sussex is fairly affluent overall, there are pockets of significant social deprivation, notably along the coastal strip in Hastings, Brighton & Hove and Littlehampton, which rank within the most deprived areas in England<sup>17</sup>.
- 5.2 We have a significant mental health need; severe mental illness is 5% higher than the national average and this represents around 25,000 people. We also have rates of dementia that are 25% higher than the national average, with significant concentrations of elderly populations within West Sussex in particular. The health and life outcomes for people experiencing mental health issues will continue to fall short of those of the general population unless we act to deliver the opportunities aligned with the Mental Health Five Year Forward View and the commitments of the Long Term Plan<sup>18</sup>.
- 5.3 Historically, health and care services across primary care, community, mental health, social care and acute services have developed in relative isolation, and this has created barriers for our population. Now we have the opportunity to integrate these services and provide a coordinated end-to-end pathway for local people. Three building blocks of the Sussex Health and Care Strategic Model:
- Prevention to improve population health and wellbeing
  - Services designed to address wider determinants of health
  - Enabling people to manage their own health and care better, supported by services.
- 5.4 Sussex Partnership NHS Foundation Trust is our main provider for mental health services in Sussex. They provide a comprehensive suite of in-patient, forensic and community services across all areas of Sussex. Over the last two years, SPFT and SHCP have brought together work exploring how to deliver a more joined up approach to housing and housing-related support, supported housing and move-on options for people with mental health needs across Sussex. The lack of suitable housing is noted in the SHCP Mental Health Programme Risk Register as one of the top two risks, along with workforce.

17 Sussex Health and Care Partnership Strategic Delivery Plan - <https://www.seshealthandcare.org.uk/wp-content/uploads/2019/10/191028-DRAFT-Sussex-Strategy-Delivery-plan-v17.pdf>

18 ibid

- 5.5 The lack of suitable housing and support reaches deep and wide in Sussex and poses challenges for people with a range of health needs, including those within the acute and the rehabilitation care pathways, as well as people with trauma related behavioural difficulties (sometimes known as Personality Disorder) and people with learning disabilities and/or autism (sometimes referred to as the Transforming Care group). Persistent pressures on inpatient services - long Length of Stay (LoS), Delayed Transfer of Care (DToC), use of independent sector acute mental health capacity when Sussex hospitals are full i.e Extra Contractual Referrals (ECR) and Out of Area Rehab Placements (OAP) – have highly negative impacts for patient experience and outcomes, as well as Trust and system-wide finances. These impacts also reverberate through their care network and families.
- 5.6 In-patient and community mental health services are experiencing significant pressures. DToC are a key indicator of the pressures that MH Trusts are under. The Trust is working hard to reduce this and in February 2020 it was 12.1%. 25% of DToCs are due to awaiting a residential home placement and a further 25% waiting for a care home placement. 12% of delays are due to housing.
- 5.7 Like all partnerships working across multiple areas, service patterns and pressures are not experienced equally. Each area has its own broader housing challenges that impact on the ability of SPFT to deliver an effective pathway to recovery. In recent years, Brighton & Hove and Coastal West Sussex have presented the greatest challenges for DToC, due to the more pressured and expensive housing markets and the greater demand for mental health services.
- 5.8 Sustaining the reductions made over the last two years is a key challenge with mental health bed occupancy pre Covid (February 2020) at 101% in the mental health wards, with 18 patients accommodated each day in beds outside of the Trust due to capacity issues. The use of independent sector acute inpatient capacity is a significant cost pressure for the SHCP, with £5m spent in 2019/20 on ECR.
- 5.9 The number of acute inpatients with length of stay over 60 days significantly increased in the first part of 2019 and sustained itself until Covid-19 hit in early 2020. This is a cause for concern and whilst significant effort through local partnership working enabled people to be discharged safely, there are questions about how sustainable this will be when demand increases post Covid-19 lockdown. Reducing inpatient length of stay and DToC are therefore key priorities. As is the continuing investment in 24/7 Crisis Resolution and Home Treatment Teams to stem the flow onto the acute wards and deliver support in the community.
- 5.10 72.9% of SPFT service users on CPA in Sussex are in ‘settled accommodation’, which is higher than the national benchmark (58%) and the regional benchmark

(63%). However, this figure has been declining in the last 12 months and was averaging 76% in April – November 2019. As the recording of accommodation status is rolled out beyond those on CPA, we are able to build a more comprehensive picture of the housing circumstances of NHS mental health services users.

- 5.11 There are a large number of people in the Rehab Pathway who need access to supported housing. The SHCP and SPFT have been collaborating with their partners to explore how they address this and develop a new set of services. Having reduced the numbers of people in out of area rehab hospital placements by a third, further work is needed to ensure that care is delivered as close to home as possible.
- 5.12 Like many areas, SHCP also struggle to provide care and support in the most appropriate setting for some specific groups, such as those with trauma related behavioural difficulties, Autism/Learning Disability, head injury, offending behaviour and dementia. Too often, particularly for those with trauma related behavioural difficulties, people are being admitted as community-based support (including housing) is not readily available.
- 5.13 The NHS and Social Care also experiences challenges in interfacing with the local housing markets, in accessing a range of suitable housing for their service users, sustaining housing where it is at risk, and in engaging with sub-optimal local systems around brokerage and allocations. SPFT also have a high presentation of people with No Fixed Abode, and homelessness is a key experience of their service users, particularly those from Brighton & Hove.
- 5.14 Likewise, local authority housing teams and housing providers struggle to engage with the NHS and Social Care. Accessing support and assessments for people in mental health distress is a significant concern and often a barrier for many housing providers in offering someone a tenancy. The gap between mental health support provided in primary care and the support available in secondary care seems to be widening. Too often, housing providers and teams feel abandoned by local NHS services.
- 5.15 Working with their partners across Kent, Surrey and Sussex, SPFT is a Provider Collaborative for Adult Secure Care, as well as a pilot area for the new Community Forensic Service. Work is underway through this partnership to improve flow and recovery with a significant focus on supported housing as part of community forensic services. As a Provider Collaborative, savings that are made are able to be reinvested in the Forensic Outreach Liaison Service.

## Housing and homelessness

- 5.16 We operate in an area with acute pressures for housing. We have significant housing need with 62% of our population living in the bottom half of the most deprived areas of the Barriers to Housing and Services domain of the Indices of Multiple Deprivation (see table below). Indicators in this domain include overcrowding, homelessness, access to owner-occupation and access to services such as GPs, supermarkets and schools.
- 5.17 Across Sussex there are major problems of housing affordability. Average house prices are 20% higher than the England average and have increased by 12.6% in the last 10 years (compared to 8.1% for England). There are considerable differences across Sussex with Brighton & Hove having seen a much higher growth in housing costs and more unaffordable than in East or West Sussex.
- 5.18 Across Sussex homelessness and rough sleeping are also significant issues, particularly in larger coastal cities and towns. We have worked tirelessly to ensure that no one is left out during the Coronavirus Pandemic and we want to ensure that as a partnership we are able to work with together to use this new engagement to address the poor physical and mental health of people who experience rough sleeping and homelessness.

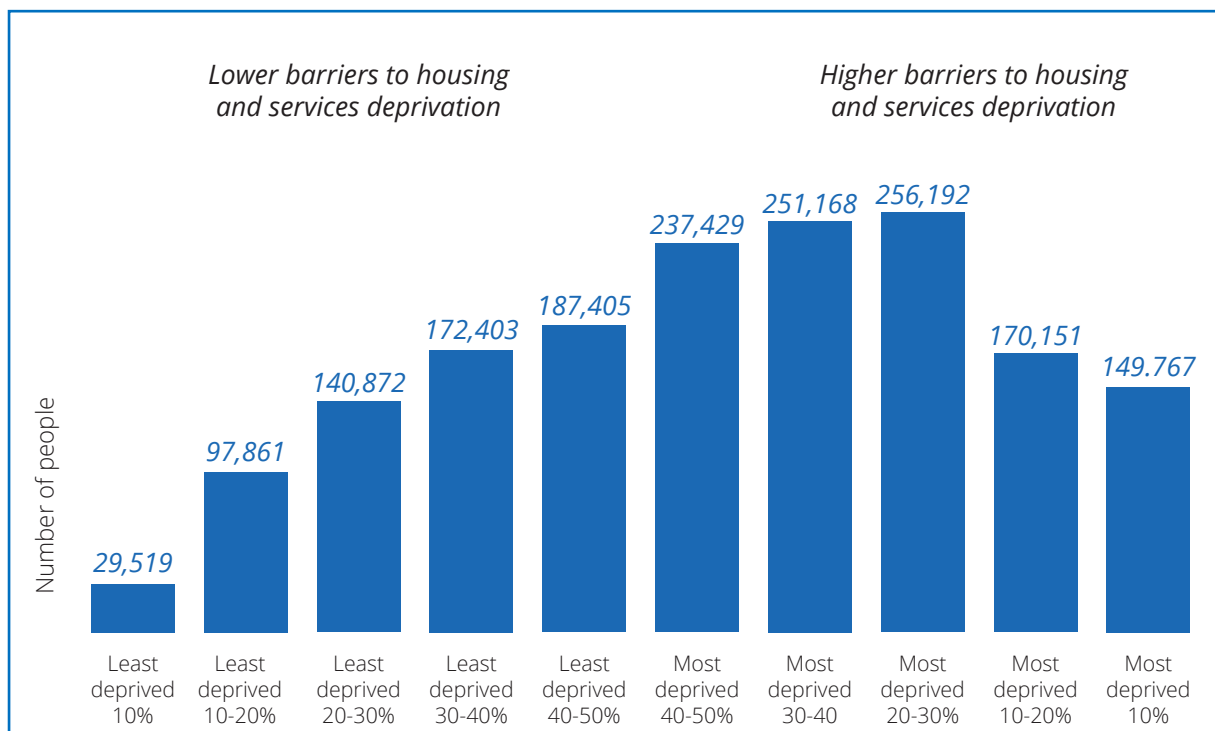


Figure 1: Number of people in each deprivation decile, ID 2019 Barriers to Housing and Services domain. Source: Ministry of Housing, Communities and Local Government (Indices of Deprivation 2019)

- 5.19 Around 60,000 people in Sussex live in overcrowded housing, something that has a significant impact on mental health. Rates of overcrowding are more than double in Brighton & Hove (17%) than in East and West Sussex (7%). Over recent years, homelessness has been on the increase across all areas of Sussex. In the last quarter of 2019, 1,672 households were owed a duty to housing because of homelessness. Nearly 50% of those had support needs with the majority (53%) having a history of mental health problems. Mental health problems accounted for 26% of all homelessness acceptances<sup>19</sup>.
- 5.20 At the last official count in 2018, 232 people were sleeping rough, with those numbers concentrated in Brighton & Hove, Hastings and Crawley. Where additional investment has been channelled to these areas in recent years, the ability to offer additional support and services has been enhanced and we have seen a significant reduction. However, recent trends in Brighton & Hove show an almost 200% increase in year on year comparisons between January 2019 and January 2020<sup>20</sup>.
- 5.21 Sussex is an area characterised by a larger owner-occupied sector in the Counties and a larger rental sector in Brighton & Hove than the national average. The proportion of social housing is considerably lower than in other areas, 12.6% across Sussex compared with 17.7% in England. Brighton & Hove has the highest proportion of social rented housing (15%) although it is still lower than the national average. The private rented sector in the City is almost double the national average<sup>21</sup>. This creates a set of challenges across the SCHP in providing access to affordable rented housing for people with mental health problems who experience housing stress and homelessness.

## 6. Our current approach to mental health and housing in Sussex



### Brighton and Hove

- 6.1 There is a strong provider market in Brighton city with willingness to work in partnership with the Brighton & Hove City Council (B&HCC), the CCG and SPFT to re-shape and improve care and support. Both the CCG and the City Council are investing in the mental health housing pathway and there is collaboration between the CCG, B&HCC and SPFT to address system issues.
- 6.2 As with West Sussex and East Sussex, a number of challenges that adversely impact pathway flow exist in the B&H area. This is evidenced by local waiting lists and DToC. Demand for supported housing placements outstrips supply. There are particular pressures in Brighton & Hove in terms of demand for general housing and this presents problems in terms of enabling flow out of mental health supported housing.
- 6.3 There is a lack of strategic connection between mental health services and supported housing providers which impacts on the levels of risk that providers can hold. The CCG, City Council and SPFT recognise that B&H is an outlier in terms of the high number of people placed in residential care provision, often due to lack of alternative suitable supported housing.
- 6.4 In terms of demand, a lack of suitable range and type of in-City supported mental health housing provision results in local residents being placed outside city boundaries, typically in residential care settings. Furthermore, there is a lack of suitable provision across the area for particular needs, for example, people aged between 18 to 25 and those who live with co-existing mental health and substance misuse needs.
- 6.5 Partners in B&H have begun the work to review mental health supported housing provision in order to address demand and system issues. Key to this work is redesigning models of supported housing provision with a focus on improved integration, recovery and reablement-orientated practice resulting in people being able to progress towards greater independence. The intention is that these new models, co-designed with provider organisations and service users, as equal partners in the system, will incorporate greater flexibility (i.e. where support flexes around the individual rather than people moving through a linear [high, medium and low] support pathway) and improved partnership working.
- 6.6 With the recent Covid-19 emergency, persistent historical blockages in the local system have been exacerbated, as evidenced by a lack of ability to move people on.
- 6.7 B&HCC, the CCG and SPFT are working together to develop a joint plan to address current issues in relation to the community/housing pathway for adult mental health. As part of this work a Mental Health Discharge to Assess (D2A) service is currently

being established based on sharing learning from West Sussex but with specific adaptation to the Brighton and Hove environment. Plans are in development to jointly evaluate the West Sussex and B&H D2A models.

### **East Sussex**

- 6.8 In East Sussex there are established section 117 arrangements and funding panel in place, and an Adult Social Care placement team that supports placements and timely move-on. East Sussex County Council (ESCC) have close working arrangements with the local SPFT Community Rehab Team, which facilitates flexible support to service users experiencing acute/crisis episodes. A recent audit of the local supported housing market for mental health demonstrated good quality and level of provision, and recommended improvement and development of the market to cater for people living with multiple and complex needs. ESCC operate a tiered framework that facilitates step-down from residential care in order to support people's recovery and progress towards greater independence.
- 6.9 Good collaboration is taking place between ESCC and SPFT around re-designing and transforming local pathways. Across the East Sussex system, there is a willingness of statutory partners, housing providers, third sector and Districts and Boroughs (D&Bs), to develop integrated partnerships and services to meet local need and address local and national priorities.
- 6.10 As with West Sussex and Brighton & Hove, a number of local priorities and challenges highlight both the similarities and the differences across the three areas in Sussex. As demonstrated by local DToC levels, demand for supported housing placements outstrips supply in relation to meeting the needs of people living with multiple and complex needs.
- 6.11 There is a recognised lack of flexibility and consistency in the interface and integration between statutory services and support providers which impacts on the levels of support and risk that supported housing providers can hold. Furthermore, a corresponding lack of move-on options within local mainstream housing has negative impact on system flow and perceived service user experience and outcomes. This lack of flexibility within the supported housing system also means that specific areas of need are not adequately catered for, especially for people aged between 18 to 25 and those who live with co-existing mental health and substance misuse needs.
- 6.12 New and redesigned supported housing models need to incorporate greater flexibility and integration where care and support flexes around the individual rather than people moving through a linear (high, medium and low) pathway. Additionally, commitment to resolve information-sharing issues that exist between health, social care and housing providers, as equal partners within the system, is required to improve local systems and processes for the benefit of service user recovery outcomes.

- 6.13 The recent Covid-19 emergency has negatively impacted local move-on through the system and this will be a factor for consideration in future planning.
- 6.14 The East Sussex Mental Health Recovery Board are overseeing a programme of work that includes the development of a local mental health housing strategy and plan.

### **West Sussex**

- 6.15 West Sussex mental health housing involves seven District & Borough Councils (D&Bs), WSCC & the CCG joint mental health commissioning and pooled budget arrangements.
- 6.16 Recent mental health hospital discharge pathway advances include a Discharge to Assess service, a newly developed placement finder resource, inpatient housing support, and additional hospital social work. These initiatives have contributed to improved housing outcomes and patient flow.
- 6.17 The pooled budget funds a housing service for 350 people under adult mental health services, with growth of about 40 people a year. There is continued demand for services that enable step down from higher intensity settings including hospital, with approximately 100 people a year needing a service against about 40 vacancies. This leaves some people unable to access an appropriate service which negatively impacts patient flow.
- 6.18 The mental health housing market is underdeveloped and geographically unequal, yet work has begun to stimulate the market and coordinate existing services along a step-down pathway from higher through to lower support services to general needs housing. Under a quarter of placements sit in the emerging pathway, and strategic commissioning work involving our D&B and housing commissioning colleagues is needed to secure appropriate long-term housing options for people to move on to.
- 6.19 Three new Transforming Care services are opening in 2020 as part of plans to develop housing services for inpatients living with autism and complex mental health needs. Learning about other specialist patient groups will help us forecast future demand & engage the D&Bs, support/care & housing providers to deliver new services.
- 6.20 The historical lack of interaction and integration between District and Borough Housing Services and mental health services (particularly secondary care) means that there is a deficiency in knowledge in respect of potential demand for mental health services, particularly amongst the rough sleeping community who we traditionally struggle to engage with. A pre-requisite for the development of new services requires some initial scoping of the needs of this cohort. Furthermore, the



absence of in-reach mental health support to people at risk of homelessness, and the equal absence of housing expertise into community mental health services, reduces opportunities to work preventively.

- 6.21 With significant cuts made to supported housing commissioning budgets, there are far fewer preventative supported housing services available. However, West Sussex CC is committed to developing a mental health housing strategy that will build on the good work that has gone before, improve outcomes for people with mental health needs, and improve the local system.

# 7. Strategic objectives

## Introduction

- 7.1 To deliver our ambition for housing, health and social care integration, we have identified five strategic objectives. They will become part of the road map we create for future mental health services.
- **Objective 1:** Create Mental Health and Housing Plans for each place in East Sussex, West Sussex and Brighton & Hove.
  - **Objective 2:** Ensure housing expertise is embedded within the new model for community mental health services being developed across the SHCP.
  - **Objective 3:** Pilot, evaluate and extend the Discharge to Assess models, building on shared learning across each pilot to optimise outcomes and improve flow and transitions from inpatient provision.
  - **Objective 4:** Deliver the ambition to create new integrated models of supported housing for people with multiple and complex needs thereby reducing the need for inappropriate out of area hospital placements and residential care.
  - **Objective 5:** Drive forward the integration of housing, social care and mental health clinical services, by supporting Sussex Partnerships NHS FT to establish strategic and operational partnerships with providers of housing and housing services, that improves individual outcomes, service quality and reduces unnecessary variation.
- 7.2 In delivering these objectives and developing our new approach to integrating housing with health and social care, we want to ensure that all adults benefit from the new relationships we develop and the approaches we take. We are already a Provider Collaborative for Adult Secure Services with colleagues in Kent and Surrey. We also work at the pan-Sussex level as part of the Transforming Care Partnership.
- 7.3 Housing is a critical issue for the delivery of safe and effective care for all people with complex needs. Our work to develop integrated pathways and embed housing expertise into our multi-disciplinary teams should benefit all those receiving care and support in the community. We will be careful not to create new silos and ensure that learning is transferred across our service user based workstreams.
- 7.4 We explore in more detail below the purpose and content of these Strategic Objectives. The SHCP Mental Health Collaborative Board will agree a comprehensive Action Plan. The Board will establish a multi-agency Mental Health and Housing Working Group, led by the Deputy CEO of SPFT, to drive forward the delivery of the strategy and plan.

## Strategic Objective 1:

### Create mental health and housing plans for each place in East Sussex, West Sussex and Brighton & Hove.

- 7.5 The role of our place based Integrated Care Partnerships (ICPs) and our Health and Wellbeing Boards (HWBs) are critical for the delivery of a more integrated mental health and housing landscape. Work is already underway in each Place to deliver their response to the NHS Long Term Plan and the priorities of the Health and Wellbeing Strategies<sup>22</sup>. Housing and mental health features in each of these plans and builds on work to date to address local mental health and housing needs.
- 7.6 As a system, we agree that integration is strongest and most effective when collaborating at place to integrate physical and mental health across all patient pathways bringing in elements of social prescribing and the role of the third sector across the entire pathway, with the voice of the public and patients fully involved in co-production, co-design and co-delivery.
- 7.7 We also recognise that integration of housing, mental health and social care, needs to meet the needs and address the problems of partners from all perspectives. In addressing the issues that health and social care face with access to housing, we must also address the issues that housing face in accessing mental health care and support. Our approach needs to be truly collaborative and ensure people in Sussex benefit from the new partnerships that will be formed.
- 7.8 There are currently no comprehensive and up-to-date place-based mental health and housing strategies. Rather there are a range of different approaches to both mental health and housing pathways, needs assessment, and market engagement and management. Some local authority and CCG partners have begun reviewing their mental health supported housing pathways. This presents an opportunity to re-consider how services can be commissioned and delivered more flexibly in order to better meet service user needs within the new joint working arrangements of the ICP.
- 7.9 Creating a more strategic approach at place level is a good opportunity for partners to come together to explore how services and pathways are configured. It will also enable each ICP to engage with local people, housing providers, the voluntary sector and other agencies as part of their commitments to public involvement and co-production.
- 7.10 Each ICP will have different relationships with local housing providers, local support providers, and local housing and planning authorities. In West and East Sussex, the role of Districts and Boroughs will be key to the success of an integrated approach to

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22 <https://jsna.westsussex.gov.uk/assets/core/FINAL-JHWS-2019-2024.pdf>  
<https://new.brighton-hove.gov.uk/sites/default/files/health/brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf>  
<https://www.essp.org.uk/wp-content/uploads/2019/11/Health-and-Wellbeing-Strategy-201619v3.pdf>

mental health and housing. Building in mental health and wellbeing into the Plans of each housing and planning authority, and their Local Plans, will be important for each ICP<sup>23</sup>. As will ensuring access the mental health support is improved for local housing and homelessness teams.

7.11 Creating place-based mental health and housing plans will also enable the SHCP to share good practice and build learning across the whole of Sussex. It will also help all ICP partners to discharge their duties under the Homelessness Reduction Act 2017, especially the Duty to Refer.

7.12 Each local Mental Health and Housing Strategy will need to be aligned with the agreed Sussex-wide vision and include:

- Clear articulation of the problems that exist in the area and the impact that the strategy seeks to achieve
- Definition of both the cohort of patients and the types of housing and housing support that is covered by the strategy
- Description of the mental health and housing pathways and how these will be integrated in the future
- Description of how housing expertise will be integrated in local mental health services and strategies
- Description of how mental health support will be integrated in local housing services and strategies
- Analysis of current supply
- Analysis of current demand for supported housing and other housing services
- Analysis of the local market in terms of supported housing and housing services and how this may differ from the Sussex picture
- Plans for developing the market to improve integration and ensure the supply of supported housing meets current and future demand
- Proposed governance arrangements, timeframe and review mechanism/period
- Proposed performance and accountabilities
- What the key issues are that need to address in place and at the Sussex level

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23 As outlined in the 2019/20 Annual Report of the Director of Public Health in East Sussex: Health & Housing: You Cannot Maintain Good Health Without Good Housing - [www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/publichealthreports/2019\\_20/DPH-report-2019\\_20\\_lowerWithLogos.pdf](http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/publichealthreports/2019_20/DPH-report-2019_20_lowerWithLogos.pdf)

**Key actions:**

- Review current mental health and housing pathways and arrangements in each place.
- Consult key stakeholders.
- Identify key opportunities and investment needs for housing and mental health integration.
- Produce agreed ICP Mental Health and Housing Plan for each of the three local authorities in Sussex.

## Objective 2:

### **Ensure housing expertise is embedded within the new model for community mental health services and crisis services being developed across the SHCP.**

- 7.13 The work of the community mental health transformation programme is a key opportunity to embed housing expertise and deliver on the LTP ambition to diversify the workforce. The LTP wants to see a significant expansion of community based mental health services and teams, helping people to live successful lives in the community. Our transformation for community mental health services must therefore include housing expertise as part of the Multi-Disciplinary Team.
- 7.14 Having access to housing expertise can be a significant factor in preventing tenancy failure and reduce the need for a hospital admission. Working in a preventative mode, with housing expertise embedded in community teams and in Crisis Resolution and Home Treatment Teams, could ensure that the home environment is adequately addressed as part of the day to day support offered to people in the community, as well as our response to Crisis and Urgent Care.
- 7.15 Sustaining someone's home, particularly if there is need for an inpatient stay, and ensuring that the home environment is conducive to recovery, are critical protective factors. Building housing expertise into our community and inpatient teams can also reduce the length of stay and ensure that housing issues are being addressed throughout an episode of inpatient treatments and care. We will want to see the profile of housing increased and improved as part of the pilots to create a Single Point of Access and within Psychiatric Decision Units.
- 7.16 Access to community based mental health support is essential if we are to provide pathways out of homelessness and rough sleeping. Across Sussex, we are working with place-based partners in housing, social care, health and the wider voluntary and community sector to prevent homelessness and support rough sleepers to move on. We will ensure that our plans to address homelessness and rough sleeping include access to mental health community based support. We will also make sure that our mental health community teams have the expertise needed to address poor housing and homelessness.
- 7.17 We will explore how the housing expertise available in in-patient settings is best configured and integrated with the community teams and services. We will also ensure that the new vision for community mental health services, delivered through PCNs, is fully integrated with the specialist housing support available for people in acute services. Having the right mix housing expertise and support in the community will reduce the demand for an acute admission and ensure that service users, their carers and families are well supported to remain in their homes, if this is their preferred choice.

7.18 A range of community based housing support resources already exist across Sussex. They are mainly provided by the third sector, by organisations such as Southdown HA, Mind, and Brighton Housing Trust. The SHCP will work with the wider third sector, private sector and local authority services to ensure that their resources are enhanced to provide improved and timely access for adults with SMI. We will want our range of housing expertise and resources to be a key part of ensuring that broader community and third sector resources are engaged with delivering our ambition.

**Key actions:**

- Ensure community mental health service models being developed include housing expertise (including CRHTs, Rehab and Community Teams).
- Review current service developments and specifications and make recommendations for improvement for integrating with housing expertise, support and services.
- Identify best routes for integrating housing expertise into local community mental health services in each place.
- Review wider community and housing resources (such as housing options and advice, homelessness prevention services and wider housing support) and improve local access and relationships.

### Objective 3:

#### **Pilot, evaluate and extend the Discharge to Assess models, building on shared learning across each pilot to optimise outcomes and improve flow and transitions from inpatient provision.**

- 7.19 We have worked together in two of our ICPs to develop Discharge to Assess pilots (West Sussex and Brighton & Hove) These pilots provide an opportunity for service users to be assessed in a community setting as opposed to hospital and aim to address significant issues for patient flow. They are also designed to ensure that there is improved progress towards recovery in a community setting. We want to build on these pilots to improve patient experience and outcomes and deliver more timely and better coordinated transitions from inpatient services.
- 7.20 Further extending the pilot in West Sussex and building on the recently initiated pilot in Brighton & Hove (work began on this in April 2020) will be a key aim of this strategy. There are perceived challenges around both the lack of available housing and timely access to appropriate Care Act Assessments, in an environment that enables the assessor to make an appropriate judgement for the need and level of ongoing support. Supporting people to safely discharge into suitably supportive environments that meets their needs is a key priority.
- 7.21 Whilst the current and future adoption of these pilots will be subject to development of local plans, as pilots, we want to understand what works. We want to build an evidence base and ensure that they are integrated into our wider place-based developments within our community teams. We will develop an evaluation framework wrapped around both programmes so that the learning for future service improvement, design and commissioning is fully understood.

#### **Key actions:**

- Establish pilots (and their extension) in West Sussex and Brighton & Hove
- Agree common evaluation framework, that identifies impact, learning and system-wide efficiencies
- Identify how pilots are integrated into current and future community mental health services



## Objective 4:

### **Deliver the ambition to create new integrated models of supported housing for people with multiple and complex needs thereby reducing the need for inappropriate out of area placements and residential care.**

- 7.22 Mental health rehabilitation has been prioritised as a workstream by the SHCP. We recognise the need to develop a more coherent approach across all places and to integrate rehabilitation treatment and care into our future community mental health service design. Our vision is to make available a comprehensive community focused rehabilitation pathway across the SHCP that aims to provide better connected care, interventions and housing support, as close to home as possible, that promotes independence & social inclusion.
- 7.23 In order to achieve this, it is necessary to maintain a level of suitable stepped provision at each stage of the pathway and supported housing is a central element of this. As part of a system-wide strategy to transform the provision of a rehabilitation function across our services we want to move away from over-use of residential care to provide a more flexible place-based community pathway that allows people the opportunity to return to an area(s) closer to their families and social support networks.
- 7.24 We experience considerable challenges across all places with providing suitable alternatives to higher cost residential care for people with multiple and complex needs who would benefit from the right combination of community-based recovery and reablement interventions and support. Although this varies across each place, and there are different historical challenges, we know that there needs to be a greater focus on co-produced evidence-based clinically optimised solutions.
- 7.25 In line with the approach of '*right care, right time, right place*' the pathway out of inpatient services will seek to fully utilise step-down / move-on accommodation to enable service users to transfer to lower supported settings as soon as it is clinically appropriate. This will maximise independence and promote recovery while avoiding service users remaining in High Dependency Rehabilitation (HDR), acute inpatient or other restrictive settings longer than clinically necessary.
- 7.26 The clinical interface with supported housing is key to delivering high quality support and care in the community. However, confidence in some areas between supported housing and clinical teams is too low. Our approach will therefore be built on greater collaboration and partnership working with co-production at its core.
- 7.27 We want to establish more strategic partnerships with supported housing providers who can be part of co-designing future solutions. This includes strategic approaches to securing both new capital and revenue. This as an area of considerable opportunity and we will explore how a strategic housing partnership can be established, and at what geography this is best delivered for the multiple and complex needs care group.

**Key actions:**

- Finalise and agree the approach and models to integrating supported housing in the Complex Care Pathway.
- Commission the partnership and co-design the service model for people with complex and multiple needs between SPFT and supported housing provider.
- Mobilise the new supported housing models for people with complex and multiple needs.
- Establish the monitoring and evaluation framework.

## Objective 5:

**Drive forward the integration of housing, social care and mental health clinical services, by supporting Sussex Partnerships NHS FT to establish strategic and operational partnerships with providers of housing and housing services, that improves individual outcomes, service quality and reduces unnecessary variation.**

- 7.28 Our approach to integrating housing and housing-related support and expertise within health and social care is best delivered at place level. However, working as an ICS partnership affords us the opportunity to work more strategically across the whole of the SHCP. Sussex Partnership NHS Foundation Trust is our main provider for mental health and needs to drive forward strategic and operational relationships with local housing providers as part of our transformation to deliver this and local place-based strategies.
- 7.29 A key part of our approach is to achieve greater clinical integration with housing, housing services and housing support providers. This will improve quality of care and ensure that community-based services involving housing are safe and clinically optimised. We also want to ensure that we are addressing unwarranted variation and incorporating the exchange of good practice and learning across the SHCP on housing integration.
- 7.30 There is considerable appetite from housing providers to work more strategically with SHCP and SPFT. They are looking for a longer-term engagement, and with this, are able to unlock new capital funding. Some of our approach has been to test and develop new approaches and relationships through pilots. In some areas this is possible, however if we want transformation to be sustainable and new capital to be available, we will need longer-term relationships.
- 7.31 We will explore how SPFT can develop the necessary relationships and supply chains and be accountable for integrating housing into the care pathways across Sussex.
- 7.32 We will also explore how this approach can best integrate mental health support into the housing services of our local authorities, housing support providers and local landlords.

**Key actions:**

- Develop a strategic housing partnership framework for SPFT and local housing partners focused on new supported housing service models
- Identify opportunities for joint capital bids to Homes England capital funding, such as the Care and Support Specialised Housing Fund and Affordable Homes Programme
- Produce annual account on integration and quality improvement achieved in relation to mental health and housing for the SHCP Mental Health Collaborative Board.

## **Acknowledgements**

SHCP Mental Health Collaboration Board would like to acknowledge that this strategy is the culmination of a Sussex-wide consultation involving a wide range of local partners and stakeholders. Their participation and contribution has enabled the development of a truly collaborative strategy that will build on the significant work already underway on this critical agenda and longstanding partnerships that have been established at local and county level.

Key participants included statutory health, social care and housing partners from East Sussex, Brighton and Hove and West Sussex, comprising colleagues from County and City Council Adult Social Care and Housing, Clinical Commissioning Group(s) and Sussex Partnership Foundation Trust; community and voluntary sector representatives including supported housing providers; service user and carer representatives; local Healthwatch representatives.

The Board would also like to extend their thanks to HACT (the Housing Associations' Charitable Trust / [www.hact.org.uk](http://www.hact.org.uk)) who coordinated the consultation and supported SHCP development of the strategy.

## **For further information**

For further information about this strategy or the work of the Mental Health Collaborative, please contact: [sesstp.sussexmentalhealth@nhs.net](mailto:sesstp.sussexmentalhealth@nhs.net)